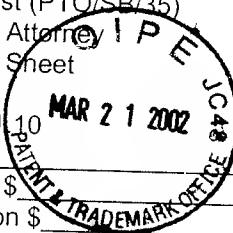


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Application Number	09/661,731
Filing Date	September 14, 2000
First Named Inventor	Daniel M. Jensen
Group Art Unit	1722
Examiner Name	Robert B. Davis
Attorney Docket No.	0818.ACB.PT

ENCLOSURES (check all that apply)

<input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Appeal Communication: <input type="checkbox"/> Appeal Notice <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Reply Brief <input type="checkbox"/> Assignment with Cover Sheet <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Check in the amount of \$ _____ <input type="checkbox"/> Declaration Claiming Small Entity Status for: <input type="checkbox"/> Independent Inventor <input type="checkbox"/> Small Business Concern <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Declaration & Power of Attorney <input type="checkbox"/> Drawings ___ sheets <input type="checkbox"/> Formal <input type="checkbox"/> Informal	<input type="checkbox"/> Extension of Time Request _____ month <input type="checkbox"/> Fee Calculation Table <input checked="" type="checkbox"/> Fourth Supplemental Information Disclosure Statement <input checked="" type="checkbox"/> Form 1449 <input checked="" type="checkbox"/> Copies of IDS References <input type="checkbox"/> Issue Fee Transmittal & Advance Order	<input type="checkbox"/> Maintenance Fee Transmittal _____ year <input type="checkbox"/> Missing Parts Response <input type="checkbox"/> Notification of Change of Attorney Address & Docket Number <input checked="" type="checkbox"/> Return Postcard <input type="checkbox"/> Revocation & Power of Attorney <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Other: _____
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Remarks

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

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